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CASES

INSIGHTS INTO ACUTE MYELOID LEUKEMIA

December 16, 2020

ASH AML CASES

HOW TO NAVIGATE THIS REPORT

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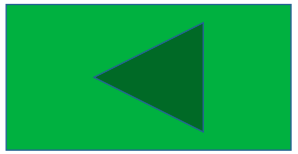
Click to move to topic of interest or ARS supporting data



Click to return to previous slide

CONTENTS

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STUDY OBJECTIVE

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- To gain advisors' perspectives on the management of newly diagnosed and relapsed/refractory (R/R) acute myeloid leukemia (AML)

REPORT SNAPSHOT

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- A moderated, virtual roundtable discussion focusing on treatment of AML was held on December 16, 2020
- Disease state and data presentations were developed in conjunction with Dr Elias Jabbour from MD Anderson Cancer Center
- The group of advisors comprised 13 community oncologists
  - Attendees of the roundtable represented community oncologists from Arizona, Georgia, Massachusetts, New Jersey, New York, Florida, California, and South Carolina
- Insights on the following AML therapies were obtained: azacitidine, cytarabine and daunorubicin (ie, 7+3), decitabine, ivosidenib, enasidenib, gemtuzumab ozogamicin, gilteritinib, liposomal daunorubicin and cytarabine, midostaurin, sorafenib, venetoclax, and glasdegib
- Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

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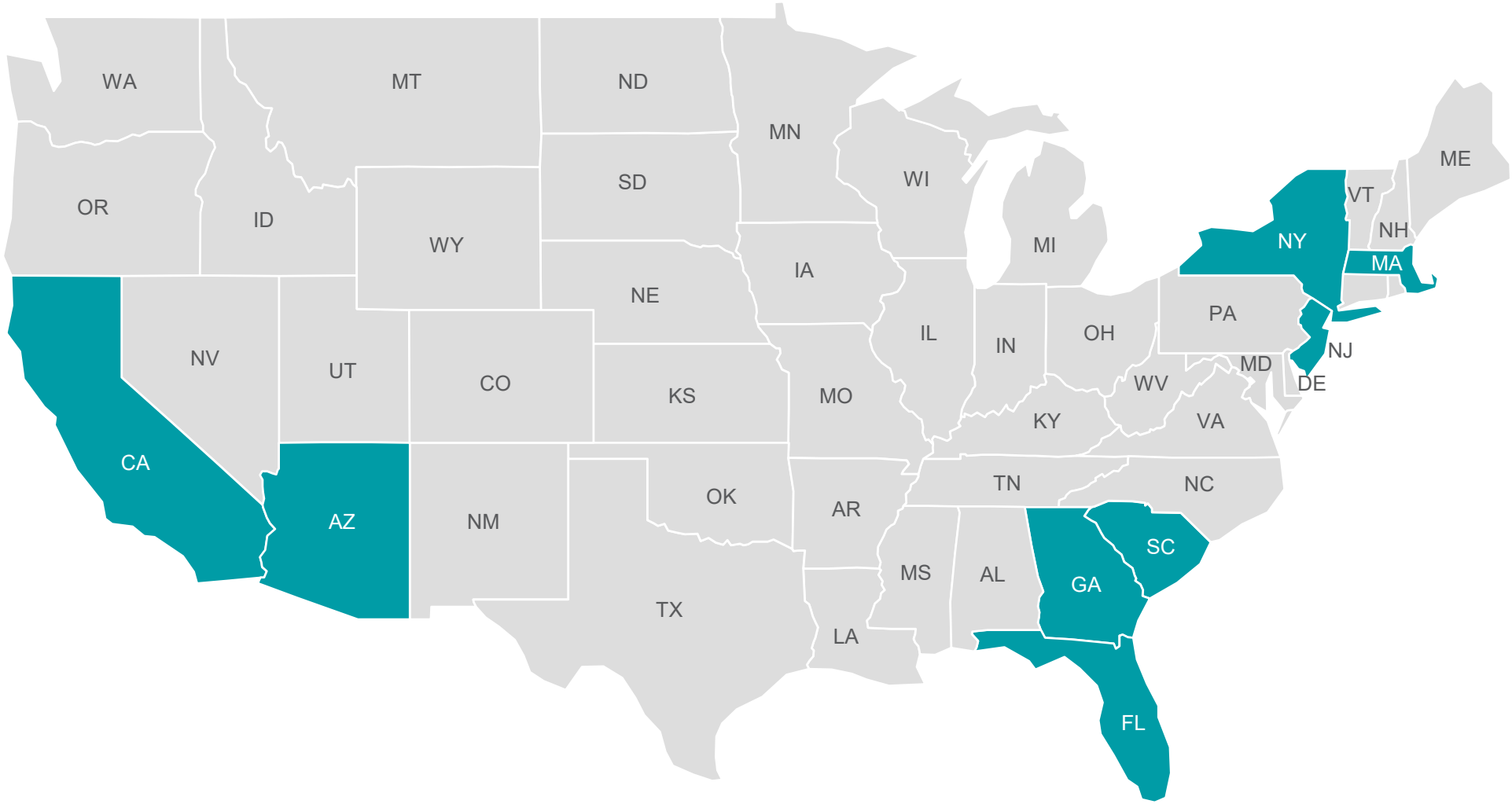
Participant Demographics

PARTICIPANT DEMOGRAPHICS (1/3)



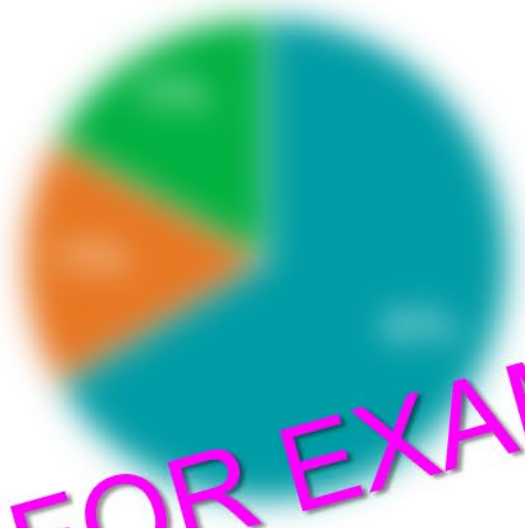
PARTICIPANT DEMOGRAPHICS (2/3)

What percentage of your AML patients fall into the poor-risk category? (N = 11*)

PARTICIPANT DEMOGRAPHICS (3/3)

What percentage of your AML patients are 75 years or older? (N = 11*)

What percentage of your AML patients are under 75 years old, but have comorbidities that prevent use of intensive chemotherapy? (N = 12†)



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Key Insights

TOPLINE TAKEAWAYS – AML

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First-Line Therapy

FIRST-LINE THERAPY (1/3)

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Topic	Data and Insights
Risk stratification	**Treatment decision is driven by comorbidities, patient age, and mutational analysis**

FIRST-LINE THERAPY (2/3)

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Topic	Data and Insights
Patient case	**Advisors base their treatment decision on patient age, comorbidities, and the type of genetic mutations. Use of**

FIRST-LINE THERAPY (3/3)

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Topic	Data and Insights
Venetoclax:	**Not all advisors follow the venetoclax dose ramp-up schedule in the label. Many are not dose-modifying when**

FIRST-LINE THERAPY – QUOTES (1/2)

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"[If someone is not fit]: "I would certainly get their marrow if they're

FIRST-LINE THERAPY – QUOTES (2/2)

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[When do you check your first bone marrow post-induction therapy?]:

RELAPSED/REFRACTORY THERAPY (1/2)

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Topic	Data and Insights
Biomarkers and	**Most advisors repeat biomarker testing in their R/R AML patients, and most consider *IDH1/2* and *FLT3* mutations as**

RELAPSED/REFRACTORY THERAPY (2/2)

Topic	Data and Insights
Perception of	**Advisors in this group had very limited experience with gilteritinib**

RELAPSED/REFRACTORY THERAPY – QUOTES (1/2)

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“If it's a relapse *FLT3* in terms of the progression, then I usually use the gilteritinib

[Have you used gilteritinib?]: “I have not. Actually, I'm looking at the data you

RELAPSED/REFRACTORY THERAPY – QUOTES (2/2)

[Upon relapse], “I'm going to check with the transplanter if I'm going to transplant

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Advisor Key Takeaways

ADVISOR KEY TAKEAWAYS (1/3)

Dr 1	Dr 2
• The need to repeat testing and make sure that with subsequent	• Some of the more recent trial data, particularly with gil, was really

ADVISOR KEY TAKEAWAYS (2/3)

Dr 7	Dr 8
• Building a non-continuous ven dosing schedule rather than reacting	• Cancer is a dynamic thing, there's different clone selection pressures,

ADVISOR KEY TAKEAWAYS (3/3)

Dr 13

- AML patients benefit from specialized care with people who see a

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AML ARS

BASELINE AND FIRST-LINE THERAPY

IF YOU RISK-STRATIFY YOUR NEWLY DIAGNOSED AML PATIENTS, WHAT METHOD DO YOU USE? (N = 12*)

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FOR EXAMPLE PURPOSES ONLY

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*One advisor did not respond.

IN ADDITION TO CYTOGENETICS, WHICH OF THE FOLLOWING MOLECULAR MARKERS ARE YOU ROUTINELY TESTING FOR IN YOUR NEWLY DIAGNOSED AML PATIENTS? (SELECT ALL THAT APPLY) (N = 11*)

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*Two advisors did not respond.

WHEN IT COMES TO MOLECULAR/GENOMIC TESTING: (N = 11*)

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*Two advisors did not respond.

WHEN IT COMES TO GENOMIC/MUTATIONAL TESTING, THE TURNAROUND TIME TO GET THE FINAL RESULTS IS: (N = 12*)

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*One advisor did not respond.

IN GENERAL, THE FOLLOWING STATEMENT DESCRIBES ME BEST: (N = 12*)

*One advisor did not respond.

WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 50-YEAR-OLD PS 0 PATIENT WITH INTERMEDIATE-RISK AML (*CD33* POSITIVE AND WITHOUT *FLT3* MUTATION)? (N = 11*)

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*Two advisors did not respond.

WHAT INDUCTION REGIMEN WOULD YOU RECOMMEND FOR A 50-YEAR-OLD PS 2 PATIENT WHO HAS A HISTORY OF CARDIOVASCULAR DISEASE, INCLUDING A PREVIOUS HEART ATTACK, WITH INTERMEDIATE-RISK AML (*CD33* POSITIVE AND WITHOUT *FLT3* MUTATION)? (N = 11*)

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*Two advisors did not respond.

WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 77-YEAR-OLD PS 1 PATIENT WITH INTERMEDIATE-RISK AML (*CD33* POSITIVE AND WITHOUT *FLT3* MUTATION)? (N = 11*)

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*Two advisors did not respond.

WHAT INDUCTION REGIMEN DO YOU RECOMMEND FOR A 70-YEAR-OLD PS 2 PATIENT WITH INTERMEDIATE-RISK AML AND *IDH1* MUTATION REVEALED BY NGS? (N = 11*)

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*Two advisors did not respond.

WHICH OF THE FOLLOWING DOSING SCHEDULES DO YOU USE FOR VENETOCLAX IN AML? (N = 11*)

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*Two advisors did not respond.

DO YOU MODIFY YOUR DOSING OF VENETOCLAX ON THE BASIS OF PROPHYLACTIC ANTIFUNGALS USE? (N = 11*)

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*Two advisors did not respond.

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AML ARS

RELAPSED/REFRACTORY THERAPY

DO YOU ROUTINELY REPEAT BIOMARKER TESTING IN YOUR AML PATIENTS AT THE TIME OF RELAPSE? (N = 11*)

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*Two advisors did not respond.

WHICH OF THE FOLLOWING MUTATIONS ARE MOST IMPORTANT TO BE CHECKED IN ALL PATIENTS WITH RELAPSED AML FOR

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*Two advisors did not respond.

HOW OFTEN DO YOU RECHECK *FLT3* MUTATIONS AT RELAPSE, IRRESPECTIVE OF BASELINE *FLT3* MUTATION

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*Two advisors did not respond.

PATIENT CASE

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- A 58-year-old with *FLT3*-ITD–mutated AML (allelic ratio 0.55) received induction

WHAT WOULD BE THE NEXT BEST STEP IN MANAGEMENT? (N = 9*)

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*Four advisors did not respond.

PATIENT CASE

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- A 54-year-old patient with AML, *FLT3*-ITD allele ratio 0.62, *DNMT3*a, *EZH2*,

WHAT WOULD YOU RECOMMEND? (N = 11*)

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*Two advisors did not respond.